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Lynda S. Kalemba

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/821,760	04/09/2004	Samuel Kaplan	D/A3286 (XERZ 2 00614)	2442

TITLE OF INVENTION: FUSER FLUID COMPOSITIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/13/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS			09/21/2007 MGE BREM2 00000030 240037 10821760	
CHAPMAN, MARK A	1756	430-447000			01 FC:1501 1400.00 DA	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page (37 CFR 1.364)		300.00 DA	
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			<u>Eugene O. Palazzo</u>
<input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			<u>AND</u>
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						<u>3 Fay Sharpe LLP</u>

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(A) NAME OF ASSIGNEE

Xerox Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Stamford, CT

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

9/20/07

Typed or printed name

Richard M. Klein

Registration No.

33,000

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Re:	Serial No. 10/821,760 (Our Reference: XERZ 2 00614)		

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COMMENTS

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1. Issue Fee Transmittal
2. "Fee Address" Indication Form

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